

POSITION	ID NO.	DATE
CLASSIFIER		7-6-95
EXAMINER	419	7-14
TYPIST	2-11-2	11-1-85
VERIFIER		
CORPS CORR.		
SPEC. HAND	319	11-29-95
FILE MAINT.	27 566	7-15
DRAFTING		

INDEX OF CLAIMS BEST AVAILABLE COPY

Claim	Date
Final	Original
1	11/23/97
2	7/14/97
3	5/12/99
4	2/15/99
5	3/1/04
6	10
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Claim	Date
Final	Original
51	5/12/99
52	7/14/97
53	11/23/97
54	3/1/04
55	2/15/99
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected